

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90049 020 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P29317**

1. Corporation Name  
**CHESTER ENGINEERS, INC.**

Principal Place of Business  
**% CHERRINGTON CORPORATE CENTER  
 600 CLUBHOUSE DR.  
 CORAOPOLIS PA 15108  
 US**

Mailing Address  
**40-004 COOK STREET  
 PALM DESERT CA 92211  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

**05/14/1990**

4. FEI Number

**25-1200213**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both; in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PVPS**  DELETE  
 NAME **GEORGINO, DAMIANC**  
 STREET ADDRESS **40-004 COOK STREET**  
 CITY-ST-ZIP **PALM DESERT CA 92211**

1.1 TITLE **D, VP, S**  Change  Addition  
 1.2 NAME **Stephen P. Stanczak**  
 1.3 STREET ADDRESS **40-004 Cook St.**  
 1.4 CITY-ST-ZIP **Palm Desert, CA 92211**

TITLE **CEO**  DELETE  
 NAME **LISANTI, ANTHONY F.**  
 STREET ADDRESS **315 MAPLE LANE**  
 CITY-ST-ZIP **SEWICKLEY PA**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **DVPC**  DELETE  
 NAME **SPENCE, KEVIN L**  
 STREET ADDRESS **40-004 COOK STREET**  
 CITY-ST-ZIP **PALM DESERT CA 92211**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **STARK, MICHAEL**  
 STREET ADDRESS **5730 GARDEN PT DRIVE**  
 CITY-ST-ZIP **KINGWOOD TX 77345**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **P**  DELETE  
 NAME **LUCEY, JOHN T JR**  
 STREET ADDRESS **212 ST LEONARD'S LN**  
 CITY-ST-ZIP **CRANBERRY TWP PA**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE **AS**  DELETE  
 NAME **GOSSIN, AMY G**  
 STREET ADDRESS **40-004 COOK STREET**  
 CITY-ST-ZIP **PALM DESERT CA**

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/99** **414-521-8504**  
 Date Daytime Phone #

CR2F034 (11/98)